U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - // 4/7

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John JJ Murphy	Name UA Plumbers Local Union No. 1		
•	Labor Organization File Number 010-417		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 158-29 George Meany Boulevard	Street 158-29 George Meany Boulevard		
City Howard Beach	City Howard Beach		
State New York ZIP Code + 4 11414-3137	State New York ZIP Code + 4 11414-3137		
5. Position in labor organization. Business Agent/Trustee			
	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):		
monetary value from an employer whose employees your organization			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Assoc. of Contracting Plumbers of NYC Trade Name, if any:	The Assoc. of Contracting Plumbers of NYC hosted a holiday party on Dec. 17, 2004 which I and my spouse attended. Appx. value for 2 guests below.		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street 44 West 28th Street, 12 Floor	7.D. Allount.		
City New York	\$400		
State New York ZIP Code + 4 10001			
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the s	nying documents), has been examined by the signatory and is, to the best of the		
Signed Jan, Murph	On 2/1/05 (718) 738-7500 Date Telephone Number		
Form LM-30 (2003)	Page 1 of 3		

Name of Person Filing John Murphy		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activated any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	\$		
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Plumbers Local Union No. 1 Welfare Fund	a. Labor Organizal	tion		
P.O. Box, Bldg., Room No., if any	🔀 b. Trust			
Street 158-29 George Meany Boulevard	c. Employer			
City Howard Beach				
State New York ZIP Code + 4 11414-3137	1-7-1-00	***************************************		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali			
Name Plumbers Local Union No. 1 Welfare Fund	1/6/04 Committee m	cg. mear expense		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		to community and the state of t		
Street 158-29 George Meany Boulevard	11.b. Approximate dollar valu	e of such dealing. \$59		
City Howard Beach	12.a. Nature of interest held			
State New York ZIP Code + 4 11414-3137	$d_{i}(x) = d_{i}(x) + d_{i}(x) $			
	CONTROL DE LA CO			
	Voi typina a sa voi por a sa vo			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	Alexandra and a second a second and a second a second and			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	RIAMINENANA			
City	WARRING CO. CO. CO.			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	ann taminin a aasta tan isa kata kata kata kata kata kata kata ka		

John J. Murphy File # U-12/31/2004 Page 3 of 3

PART B.

8.

Name	Plumbers Local Union #1 Welfare Fund		
Street	158-29 George Meany Blvd.		
City	Howard Beach		
State	New York	Zip Code	11414

9. Business deals with:

	a. Labor Organization
X	b. Trust
	c Employer

10.

Name	Plumbers Local Union #1 Welfare Fund		
Street	158-29 George Meany Blvd.		
City	Howard Beach		
State	New York	Zip Code	11414

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